

In re Patent Application

Serial No. 097219,478

Filed: December 22, 1998

Examiner: Michael Pender

Protest under 37 CFR 1.291

Exhibit J

Time Report from Andersen Consulting, documenting activities of
Michael Smialek for the reporting period 2/16/1997 - 2/28/1997

BEST AVAILABLE COPY

ANDERSEN CONSULTING

PERIOD MONTH DAY YEAR
ENDING 2 28 97

SIGNATURE NAME Mike Smialek

PERSONNEL CLASSIFICATION Senior Consultant

PERSONNEL NUMBER 0 0 0 8 1 4 2 1 1 095

CLIENT NAME AND DESCRIPTION OF WORK	TIME DISTRIBUTION FOR PERIOD													
	16	17	18	19	20	21	22	23	24	25	26	27	28	29
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
ICAT Enhancements, Time									2.0		8.0			
Mars					6.0	2.0								
New Bus-Promo Time Busch										1.0			8.0	
Allstate Promo	8.0	6.0	8.0	3.0										
IKX Time	2.0	2.0								2.0				
Vendor Trng SS Java						6.0								
Genl Mgmt & Admin Time										2.0				
Vend Rel Time												4.0		
Vendor Trng SS Front Pg												4.0		
Personal Illness - Approved														
Doctor Appts., Prof. Exam, Etc.														
Excused from Office														
Holiday														
Personal Hours - Approved														
Regular and Overtime Vacation														
TOTAL HOURS AND EXPENSES	8.0	8.0	10.0	9.0	4.0	6.0				8.0	5.0	8.0		
OVERTIME 1 HOURS														
OVERTIME 2 HOURS														

PREPARATION

DELIVERY
2/20/97

TIME REPORT SHOWING WHEN
I DELIVERED DEMO TO ALLSTATE
INSURANCE CO. 2/20/97
FOR 3 HRS ON ALLSTATE PREMISES

Expense Advance Reason

By submitting this Time Report, I confirm that I am aware of and in compliance with the policies found in the Andersen Consulting Policies Database (AC Policies), including but not limited to the policies on time reporting, confidentiality and intellectual property rights.

Approved by

Audited By

Date

TOTAL HOURS	EXPENSES	CLIENT CODE OR PROJECT NUMBER	JOB NO.	TRANSFER TO GMU
10.0		7,2,2 N,0,1		
8.0		3,0,3 A,5,7		0,9,7,1 Products - Con
9.0		5,8,9 N,0,1		
25.0		4,4,5 B,0,3		0,0,3,6 Chicago
10.0		5,9,3 N,0,1		
12.0		6,0,0 N,0,4		
2.0		6,0,7 N,0,1		
4.0		5,9,1 N,0,1		
4.0		6,0,0 N,0,4		

5	MEMO-MEALS AND ENTERTAINMENT
6	EXPENSE ADVANCE REQUESTED
7	COMPENSATORY REIMBURSEMENTS

STATE/LOCAL AND SHIFT OVERRIDE INFORMATION	STATE/LOCAL NAME	STATE/LOCAL ST	STATE/LOCAL CITY	STATE/LOCAL ZIP	STATE/LOCAL COUNTRY
8					
9					
10					

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